

TYLER'S ARENA, LTD.
EQUINE ACTIVITY AGREEMENT & LIABILITY RELEASE
1054 S. HOLLISTER ROAD, OVID, MICHIGAN 48866

PARTICIPANT INFORMATION

Full Name: _____

Address: _____

City/State/ZIP: _____ Phone: _____

Email: _____ Birthdate: _____

ASSUMPTION OF RISK (INITIAL TO AGREE)

I understand that equine activities involve inherent risks, including unpredictable horse behavior, falls, collisions, kicking, biting, and equipment failure. I voluntarily assume all risks of injury, damage, or death.

Participant Initials: _____

RELEASE OF LIABILITY (INITIAL TO AGREE)

I release Tyler's Arena, Ltd., its owners, employees, volunteers, agents, and affiliates—including Thomas R. Tyler and Sharon L. Tyler—from all liability for injuries or damages, including those alleged to be caused by negligence.

Participant Initials: _____

INDEMNIFICATION (INITIAL TO AGREE)

I agree to indemnify and hold harmless the Released Parties from any claims, damages, or expenses arising from my participation or presence on the premises.

Participant Initials: _____

MICHIGAN EQUINE ACTIVITY LIABILITY ACT NOTICE

"An equine professional is not liable for an injury to or the death of a participant resulting from an inherent risk of an equine activity." (1994 PA 351)

I understand this waiver extends beyond the protections of the Act.

Participant Initials: _____

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RULES & CONDUCT (INITIAL TO AGREE)

I agree to follow all posted rules and staff instructions. I will not invite or permit any person onto the premises unless they have signed this Agreement.

Participant Initials: _____

MEDICAL AUTHORIZATION (INITIAL TO AGREE)

In an emergency, I authorize Tyler's Arena, Ltd. to obtain medical treatment on my behalf. I accept full financial responsibility for any related costs.

Participant Initials: _____

HEALTH STATEMENT (INITIAL TO AGREE)

I certify that I am physically able to participate and am not under the influence of drugs or alcohol.

Participant Initials: _____

PHOTO/VIDEO RELEASE (OPTIONAL)

I grant permission for photos or video of my participation to be used for promotional purposes. Yes No

EMERGENCY CONTACT

Name: _____

Phone: _____

PARTICIPANT

Signature: _____

Date: _____

PARENT/GUARDIAN

(REQUIRED IF PARTICIPANT IS UNDER 18)

I accept all terms of this Agreement on behalf of the minor named above.

Minor's Name: _____

Parent/Guardian Name: _____

Signature: _____

Date: _____